Recovery Oriented Systems of Care
Community Needs Assessment
Southern Illinois Substance Abuse Alliance
June 2022

Purpose:

As we assess our program in year four, we reflect back onto our previous year as well as our initial starting point. Additional insights were gathered during our 2021 community focus group initiative that included four focus groups across the two counties, specifically addressing survey data from local schools in the last year. While much of the information we gathered is Randolph County centric, we feel that both Randolph and Washington counties share many of the same experiences and will be using further discussion on this to shape our efforts in both counties.

Recovery Oriented Systems of Care Definition:

According to SAMHSA (Substance Abuse and Mental Health Services Administration) a branch of the federal Health and Human Services Department, a Recovery Oriented Systems of Care (ROSC) is a network of organizations, agencies and community members that coordinate a wide spectrum of services to prevent, intervene in and treat substance use problems and disorders.

Through ComWell the Southern Illinois Substance Abuse Alliance (SISAA) Coalition was founded in February 2016. SISAA's membership functions as both the Coalition to prevent teen substance misuse and the ROSC Council to promote and support recovery. In this Assessment the terms Coalition and Council are synonymous.

Project Description:

The Recovery Oriented Systems of Care (ROSC) Council will assist communities with building local recovery oriented systems of care and that can network with the statewide ROSC Council. ComWell as the lead Agency collaborating with community members to form the local ROSC Council. To ensure sustainability of the ROSC Council, this lead agency must demonstrate a commitment to establish the ROSC Council permanently with a long-term (5-year) strategic plan, either as a stand-alone non-profit organization or with a permanent business relationship with the lead agency. This agreement is set forth by terms and conditions applicable to services funded by the Illinois Department of Human Services (IDHS), Division of Substance Use Prevention and Recovery (SUPR) for the development of Recovery Oriented Systems of Care Council.

SISAA's Mission:

Preventing substance misuse in youth and adults and supporting recovery activities in Southern Illinois.

SISAA's Vision:

Healthy Communities in Southern Illinois focused on prevention and recovery free of stigma and without judgement.

17 Essential Elements of a ROSC:

1. Person-centered
2. Family and other ally involvement
3. Individualized and comprehensive services across the lifespan
4. Systems anchored in the community
5. Continuity of care (pre-treatment, treatment, continuing care and recovery support)
6. Partnership/consultant relationship, focusing more on collaboration and less on hierarchy
7. Strengths-based (emphasis on individual strengths, assets and resilience)
8. Culturally responsive
9. Responsive to personal belief systems
10. Commitment to peer recovery support services
11. Inclusion of the voices of individuals in recovery and their families
12. Integrated services
13. System-wide education and training
14. Ongoing monitoring and outreach
15. Outcomes-driven
16. Based on research
17. Adequately and flexibly financed

Identified at the National Summit on Recovery in 2005. Referenced from the Wisconsin Department of Health Services, ROSC education materials, April 6, 2016.

Randolph and Washington Counties, Illinois, Demographic Information:

		Randolph	Washington
Total Population:		30,163	13,771
Total Square Miles:		575.50	562.57
Rural/Urban:		Partially Rural	Rural
Inhabitants per square mile:		58.2	23.8
Gender:	Male Female	55.1% 44.9%	50.1% 49.9%
Race and Ethnicity:	White African-American Asian Native American Hispanic/Latino	86.2% 11.4% 0.6% 0.4% 3.7%	97.2% 1.0% 0.5% 0.2% 1.4%
Language:	English Spanish Other Indo-European Language or Asian Language	96.9% 1.8% 1.3%	97.9% 1.0% 1.1%

		Randolph	Washington
Age:	Under 5	5.2%	6%
	Under 18	19.2%	21.5%
	Adults between 18 and 65	62.6%	58.7%
	65 and Over	18.2%	19.8%
	Median Age	41.5	43.0
Socioeconomic Status:	Median Household Income (2.37 people avg.)	$45,020	$51,440
	Median Family Income (2.90 people avg.)	$55,113	$61,763
	Percent Families Below Poverty Line	7.0%	5.5%
	Percent Individuals Below Poverty Line	10.4%	0.81%
	Percent Under 18 Below Poverty Line	11.9%	13.2%
Insured:	Private Insurance	72%	79%
	Medicaid/Medicaid Managed Care	22%	16%
	No Insurance Coverage	6%	5%

Data from USCensus.gov

ROSC Assessment Process:

Our process for needs assessment gathering has changed each year that we have conducted one. Year one was largely an internal assessment between a smaller group of individuals, year two was similar but was extended to coalition members. In year three we focused data gathering through school students and their families. In year four we are transitioning our plans to the development of an individual needs analysis tool which may be standardized between agencies. While this is a more involved process, we feel that the data we gather from this effort will be the most telling set of aggregated information that we have to date. A premise of individual needs analysis is so we may be the most efficient at matching the best qualified volunteer to help with whatever need may be a priority.

While we work forward in this manner, we will rely on the recent data gathered through past means within the past two years.

Noted community sector representatives involved for the 2022 year are as follows:

Tony Glaser, Individual in the community
Shannon Glaser, SUD peer support provider
Susan Baker, Mental Health
Kelam Wilkes, Business Owner
Dennis Trask, SUD Prevention
Shyla Borger, SUD Treatment
Shane Rinehart, Law Enforcement
Marc Keihna, Government Official
Jo Ann Emge, Hospital Official
Mariah Bargman, Local Hospital Systems
Michael Tyson, UD Intervention Provider
Ashley Haefertepe, Person with Lived Experience

Needs Assessment Narrative:

Our year four assessment work found us in the trenches this year. Having gradually pulled away from Covid restrictions, we have been able to better navigate our communities and interact more again in person. This includes research in the field, feedback from health care professionals and those with lived experience (both short-term and long-term sobriety represented).

Our experience has been to re-examine local needs each year based on where we have been at with other work. For example, in the very beginning, we had fewer individuals at the table and so much assessment was done internally. We moved then the following year to interviewing volunteer coalition members who serve as sector representatives and we began to learn more through those lenses. In 2020, our focus was among our school systems and their families as we conducted five listening sessions across our service area. We found that exercise to be particularly meaningful and are still actively working with data that we garnered from that effort. This year we are focusing on field research, feedback from health care professionals and those with lived experience (both short-term and long-term sobriety represented).

As we work through year four, we focus our work on extending resources to the community. We found that even with the new Randolph County Resource Guide in circulation there are many people who are still not yet aware. Further, we find that 80% of reporters admittedly have difficulty accessing benefits based on any number of personal variables. We are perplexed with finding a way to extend help to these individuals and families and are working on revitalizing our local volunteer base. This includes a number of churches and other organization who are currently active in other volunteer work. We will continue to assess the needs of individuals as we help to meet them where they are at and will be able to further identify and address gaps along the way.

2021 Assessment questions re-visited:

Question:	Self-responses:
We can identify cross-sector partners within our community.	We have identified a number of cross-sector partners who support us in our work we strive to build diverse representation and involved more people with lived experience.
There are resources within the community to assist individuals with getting involved in non-mental health/addiction-related social activities.	We keep an updated list of meetings, which is shared regularly. We are into year two of our Randolph County Resource Guide and will be writing for another ICAHN grant for printing and distribution. There is a tri-fold brochure in the works for first responders with consolidated crisis and recovery resource information.
There are coordinated resources within the community to link individuals in recovery with other persons in recovery who can serve as role models or mentors.	We have a Recovery Navigator in place and anticipate a number more in the next hiring cycle, ComWell has also been growing actively and hiring Recovery Coaches at such places as a local hospital, our county jail, and our Public Housing progam.

Question:	Self-responses:
Partnerships exist within the community to assist individuals with getting and retaining meaningful employment.	Gilster Mary Lee has especially emerged in discussions as a caring employer who tries to understand the intricacies of its employees and their lives. We are working to identify ways to help and support the individual so that they thrive and flourish in their job positions.
Partnerships exist within the community to assist individuals with finding safe affordable housing.	We are fortunate to have representation on our Better Together Recovery Committee from our local public housing program as well as a key agency in the area who facilitates housing needs. We discuss affordable housing on a regular basis and keep a watchful eye for developing trends.
There are resources within the community to assist individuals with transportation to/from appointments, work, etc.	Both counties have transportation authorities located within them. Randolph County has one that serves Randolph and Washington County. Washington County has one that serves many surrounding counties. Because of the rural nature of the area there are no busing options and individuals have to plan rides ahead. Additional funding has come to our ride share program and we are hopeful for growth and expansion opportunities to help fill growing needs.
Partnerships exist with peer-based recovery support programs, recovery community organizations and other non-clinical recovery supports.	We are partnered with two local vibrant recovery groups which meet weekly. Celebrate Recovery draws an average of 25 individuals and Life Recovery draws an average of 10 individuals to its meetings. We continue to work in order to network all groups together and to ensure that up-to-date information is publically available for all meetings.
Every effort is made to involve family members (spouses, significant others, friends) and other natural supports (e.g. clergy, neighbors, landlords, coaches) in the planning of services- if so desired.	As we encounter individuals with needs in our community, we are aware of the importance of identifying those personal supports around them. We work to make resources available to personal supports in order to build and foster an effective “care team” for the individual.
Strategies to decrease stigma are conveyed to all partners and are consistently implemented in communities (i.e. use of person-first language, opportunities for people in recovery to tell their stories outside of mutual aid support group settings).	Stigma reduction has become a mainstay in all of the work that we do. More specifically, we have representation on a state ROSC committee who is working through Faces and Voices of Recovery to develop and implement a multi-year campaign to be rolled out across the state. We often find that the crux of stigma reduction work is within our individual and small group settings.
People in recovery work alongside providers to develop and provide new programs and services.	In year four of our ROSC program we continue to build our ranks with individuals in recovery. It has been difficult to retain any of these individuals long-term as they seem to move forward into new possibilities or in some cases relapse. Intentions remain strong to carry forward with this as we are able to do so.
People in recovery, including family members, are involved in the evaluation of the community’s programs, services, and service providers.	Those in services are invited to share their experience of services through their appointments, monthly satisfaction surveys, community wide surveys that are used during the agency’s reaccreditation process.

Question:	Self-responses:
People in recovery are members of agency advisory boards and management meetings.	Every effort is made to engage individuals in recovery through the work that we do together. To the extent that we have any individuals participating in our coalition, we try to involve each person to the extent that they are willing and able to serve.
Service providers offers a variety of treatment options (e.g. individual, group, peer support, holistic healing, alternative treatment options, and medical) that persons seeking services can access.	Through ComWell a person can get individual, group and psychiatric care. The local hospital systems provide medical care. Our county resource guide promotes all relative services and options that are available in our area.
Meaningful traditions to celebrate people's recovery and wellness exist and are formed with individual and family member input.	We have spent some time in observation of other programs that do a good job with this such as Drug Court. Our intention is to remain mindful of the importance of proper recognition as we continue to build and develop ways and means in this area. We are also in early discussions regarding the development of an alumni program consisting of ComWell program graduates who are willing to serves as peer mentors for new people under our care.
Focus groups and other formats (surveys) are used regularly to seek feedback about participant satisfaction and improvement strategies from people receiving services.	We have had a number of focus and feedback groups over time. We seek feedback on a regular basis. Most notably in the past year we held four focus groups within the two counties that we serve. We have gained some measurable feedback and are working to redesign our coalition to accommodate changes that we think will benefit our organization as a whole.
Service providers make a concerted effort to welcome people in recovery and offer opportunities for feedback (i.e. comment cards, service follow-up surveys, and follow-up phone calls).	As noted above, individuals who receive services at ComWell are welcomed to share their thoughts and feelings on regular surveys and at any time through the front desk or clinical staff. Our Recovery Coordinator works with all newcomers to the group having lived experience to ensure that they are made to feel welcomed and engaged.
Service providers are diverse in terms of culture, ethnicity, lifestyle, and interests.	Although services providers are diverse in terms of lifestyle and interests, there is not diversity in terms of culture and ethnicity of providers. ComWell engages in practices to hire and retain a diverse workforce, but at this time diversity remains low based on local population percentages.
Service settings within the community offer an inviting and dignified physical environment.	ComWell works within its capacities to create an inviting and dignified environment for those seeking services. We go to great lengths to convey our concerns and actively seek feedback on these efforts.
Individuals have choices when selecting service providers within the community.	There is only one community based counseling agency in both counties. In Red Bud (Randolph County) there are two private practices offering mental health counseling to those with insurance coverage.

Question:	Self-responses:
While in services, individuals who are doing well get as much attention as those who are having difficulties.	Providers schedule individuals based on need and personal desires of the individual. No individual is given priority in scheduling over another and for those in crisis situations in need of additional services, additional clinicians are available to fill any gaps.
Service providers believe that individuals can make their own life choices regarding such things as there to live, when to work, whom to be friends with, etc.	Providers within ComWell strongly believe that an individual has the right to make their own life choices. Clinicians will guide those that they are working with, but the ultimate choice is with the individual.
Service providers listen to and respect decisions that individuals make about their treatment planning and care.	As noted above, clinicians work within their capacity to help those they are working with to make well informed and well thought out decisions. However, the ultimate decision making is left to that person as the ultimate consequences for that decision reside with that individual.
Service providers regularly ask individuals about their interests and things they would like to do in the community.	Because a huge part of recovery involves the person finding enjoyable and sustainable outlets for their energies, much time is devoted to exploring each person's individual interests.
Service providers offer individuals opportunities to discuss their spiritual needs and interests if they wish.	For some a personal spiritual connection is desired or necessary for recovery to be maintained, therefore individuals in services are invited to explore this area of their lives.
Service provider procedures are clear about the options for referrals to other programs and services if a provider cannot meet the needs of the participant.	ComWell has clear referral procedures for those who need a higher level of care than the agency can provide. The local hospital systems also have a specified referral path for those individuals.
People in recovery can choose (and change) the therapist, counselor, psychiatrist, physician or other providers from whom they receive services.	Within ComWell a person has the ability to change the counselor or therapist they are working with. However, because of the size of the local offices, there may not be another counselor in that location and therefore the person would have to commute to the next closest office. ComWell is proud to offer services in so many of its communities, but it does create a situation where there are not more than two to four clinicians seeing individuals in any one location.
Every effort is made to involve significant others (spouses, friends, family members), community services (i.e., the local community mental health center) and other natural supports (i.e., clergy, neighbors, landlords) in the planning the transition out of services and into the community, if so desired.	As noted above, efforts are made to involve natural supports in the planning of services and discharge from services. We are a small, close-knit community and so it is common to engage with individuals and their families. Our agencies work closely together with one another to provide the best wrap around care for each case as possible.

Question:	Self-responses:
Service providers are trained in evidence-based or emerging best trauma-specific approaches.	ComWell trains all staff on trauma and trains clinicians working with individuals who have experienced trauma on evidenced based practices to use in treatment.
Service providers focus more on “what happened” to individuals rather than “what’s wrong” with individuals.	See above. Through SISAA, there has been an effort to engage community members in training on trauma and how to work with those who have had trauma. One meeting program was devoted to this topic and when trainings are held locally members of SISAA are invited. Local school districts, one in particular, are focused on creating a trauma informed school district.
Service providers and community organizations address stigma and attitudinal barriers associated with substance use disorders through outreach and education.	Addressing stigma and attitudinal barriers are a guiding precept in all of the work that we do. We aim to lead by example and to demonstrate the most favorable language through our outreach and education efforts.
Service providers work with consumer groups and advocates to increase demand for and knowledge of MAT and harm-reduction efforts in the community.	ComWell has been working to provide more community education about our services through our ongoing communication and outreach efforts. We are building up these services and we enhance our service model. This is especially important as we look to the near-term establishment of an in-patient treatment facility.
Service providers have relationships with other organizations that can provide additional supports and resources (e.g. housing, childcare, employment services, and transportation) that may benefit individuals and families.	There are a number of community and church groups who offer these types of services. They do tend to come and go over time so it is a constant part of our work to collect and share the most current information available pertaining to these supportive resources.
Service providers work in a coordinated way with medical staff that can provide prescribed medications for the treatment of substance use disorders.	ComWell has hired additional nursing staff to increase the coordination of care between the agency and medical providers.
Partnerships exist in a variety of settings that facilitate the use of evidence-based behavioral health screenings, on- site assessments, early intervention and referral strategies, as well as wellness checks.	Local hospital systems use evidenced based health screening tools in their practices and use those results to indicate whether a person needs additional services.
Service providers value the input of the recovery community in outreach and engagement of clients in treatment services.	Providers value the input of the recovery community, but at this time there is no formal engagement of that community to provide these outreaches.
Service providers offer effective continuing recovery support services for clients that have completed formal treatment services.	We are working to develop an alumni program which will allow for “graduates” to continue participating with us and for those who are willing to serve as peer mentors for our newer participants. We are also working to identify a location and a

Question:	Self-responses:
	plan to establish a local Recovery Community Center which will provide ongoing opportunities for engagement.

Recovery Support Services:

See Randolph County Resource Guide (attached)

Community Readiness:

During the past three years we have seen natural public interest and enthusiasm concerning the nurturing and continued growth of a Recovery Ready Community. We see demonstration time and again of people who are willing to be supportive of a Recovery Ready community. We have good working relationship with the other leading service agencies in our area and hold regular planning meetings together. Some relationships take longer to develop than others but we have also made marked progress in those areas. While it feels that we have done a great deal of community education, we find that there is always work to do and there are many who have not yet been reached. In this spirit, we are working to reorganize our coalition, taking on a new name called the Healthy Communities Alliance. In doing so, we are working to reduce duplication and increase efficiency between agencies and to make access to services as easy as possible for those seeking them.

ComWell's service model is built on comprehensive, coordinated, behavioral health care by establishing CCBHC programs. CCBHCs provide person and family centered integrated services.

There are nine core areas to a CCBHC

1. Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services and crisis stabilization.
2. Screening, assessment, and diagnosis, including risk assessment.
3. Patient centered treatment planning or similar processes, including risk assessment and crisis planning.
4. Outpatient mental health and substance use services.
5. Outpatient clinic primary care screening and monitoring of key health indicators and health risks (eg BMI, blood pressure, tobacco use, HIV/Viral Hepatitis.)
6. Targeted Case management.
7. Psychiatric rehabilitation Services.
8. Peer support, counselor services, and family supports.
9. Intensive, community based mental health for members of the armed forces and veterans

Technical Assistance Needed:

We feel that we are in fine shape and new TA support measures or coming into play from SUPR through Chestnut Services. Additionally, we are working with The Fletcher Group. We are looking forward to experiencing the new TA rollout structure as it becomes available during the coming year.

Project Goals based on Assessed Needs:

Goal 1: Recovery community needs assessment

Our year 4 assessment will be comprised of interviews and meetings conducted with participating agencies and directors. Based on our collective knowledge from previous assessments and practical experience, we have identified a need to develop a regular and ongoing individual needs assessment that can be used to coordinate volunteer help and services. We will use compiled data from these efforts in an ongoing gap reduction effort.

Goal 2: Attract and recruit more individuals with personal lived experience. We define lived experience as personal knowledge about substance use disorders (SUDs), including co-occurring mental health and substance use disorders (CODs) treatment, and recovery gained through direct involvement, which may include that individual's involvement as a patient, family member or loved one of a person receiving SUD/COD treatment services.

We learned in the past year that this effort is a very slow and steady marathon. We worked through two local vibrant Recovery groups and promoted widely with little response. This year we continue to hone our attempts at recruiting by focusing efforts to fill the Recovery Corps positions that have become available. We are confident that growing staff will increase our capacity and ability to add weight to the structures that we have been building. We continue to strive for more ongoing involvement by PLE's in order to help further refine our approach in this area.
RCO development – We continue to develop recovery supports and are mindful of building a stronger recovery ready community. The SISAA Better Together recovery committee feels that most systems are in place to support a local RCO but a need to attract and retain individuals who are willing to take leadership roles in the organization.
Recovery resource center – We believe that identifying and establishing a recovery resource center will further empower those already on an improvement plan and those who are yet to come into treatment and recovery. Having a physical location within walking distance is important for the many without reliable transportation. Having the ability to walk into a place for immediate support is a link that our community has been lacking so far. We aim to identify and create a timeline to identify the steps necessary to lead us to this goal.

Goal 3: In order to reach our longer-term objectives, we will strengthen our community connections. We have made some strong advancements especially during the past 2 years with interagency relationships. In working to meet all of our objectives, we realize this is a continued effort. We work to promote and engage with other agency community priorities, which allows us a better full-spectrum understanding of Recovery needs in our communities. We will continue working in value-added ways with our local hospitals, primary care, mental health, law enforcement, local business owners, court systems, local government representatives and policy makers, persons with lived experience and SUD intervention, treatment, prevention and recovery support providers. We will keep working to inform, educate and empower individuals and communities through various community engagements such as within our towns and villages.

We will continue to promote useful strategies for teaming up with law enforcement to help support work against Meth and Opioids. We will promote a 3-part prevention strategy to further these efforts. Initial response is positive.
Festival appearances and pop-up information stands at high-level traffic areas allow us to collaborate with other local agencies in order to cross-promote one another as important components of our local Recovery continuum of care.
We will cooperate and engage closely with council building and development. Efforts are underway for complete restructuring and branding into what will be the Healthy Communities Alliance. Our purpose is to keep Recovery front and center in all discussions on re-development.

Goal 4: Collaborate with village and county law enforcement on community policing and education programs.

Promote a 3-part Meth prevention program that incorporates a Drug Endangered Children and neighborhood watch component.
Design a consolidated tri-fold brochure that includes information about SUD, domestic violence, homelessness, and suicide awareness. Write for ICAHN grant to pay for printing and purchase a trunk kit for all first-responder vehicles.
Attend quarterly all-department meetings by invitation.

Goal 5: Manage council meetings in a way that is inviting and engaging members to participate actively and return regularly. Keep accurate meeting notes for review.

Continue working with coalition re-development work team, keeping mindful of certain PLE sensitivities. Keep a modest representation of people with lived experience in these meetings and conversation to help shed light on special needs and accommodations as we work to make them feel welcome, wanted, and engaged.
Schedule meaningful and informative quarterly guest speakers with broad appeal.

We will continue meeting monthly for the Better Together Recovery Committee, while our meeting schedule for SISAA will look something different next year. There, we will meet monthly as a core coalition and then meet monthly in a larger networking format.

Goal 6: Work in conjunction with Sparta Community Hospital community and other lead agencies to build greater capacity for communities to provide advocacy, education and recovery support services for people in recovery from Mental Health and SUDs and co-occurring Disorders (COD) with the goal of mitigating communication and meeting redundancy.

Collaborate with Sparta Community Hospital through Delta Healthy Communities Grant and HRSA grant to help better coordinate services for individuals between agencies.